

SPECIAL ORDER NO. 8

March 3, 2009

SUBJECT: PROBATIONARY POLICE SERVICE REPRESENTATIVE EVALUATION REPORT - TRAINING PHASE - RADIO TELEPHONE OPERATOR (RTO), FORM 01.78.17; PROBATIONARY POLICE SERVICE REPRESENTATIVE EVALUATION REPORT - TRAINING PHASE - EMERGENCY BOARD OPERATOR (EBO), FORM 01.78.18; AND PROBATIONARY POLICE SERVICE REPRESENTATIVE DAILY REPORT, FORM 01.78.19 - ACTIVATED

PURPOSE: The Probationary Police Service Representative Evaluation Report is used to objectively evaluate the strengths and weaknesses of the trainee's performance and are completed at the end of the second and fourth weeks of every deployment period. The Probationary Police Service Representative Daily Report is used to document the trainee's performance each working day.

PROCEDURE: PROBATIONARY POLICE SERVICE REPRESENTATIVE EVALUATION REPORT - TRAINING PHASE - RADIO TELEPHONE OPERATOR (RTO), FORM 01.78.17; PROBATIONARY POLICE SERVICE REPRESENTATIVE EVALUATION REPORT - TRAINING PHASE - EMERGENCY BOARD OPERATOR (EBO), FORM 01.78.18; AND PROBATIONARY POLICE SERVICE REPRESENTATIVE DAILY REPORT, FORM 01.78.19 - ACTIVATED. The Probationary Police Service Representative Evaluation Reports and the Probationary Police Service Representative Daily Report are to be used to provide essential documentation to ensure that satisfactory performance standards are being met by the Probationary Police Service Representative.

- A. Use of Forms.** These forms are to be used to evaluate the work performance of the Probationary Police Service Representative during both the RTO and the EBO training phases.
- B. Completion.** Completion of these forms is self-explanatory.
- C. Distribution.**

1 - Original, Personnel Division.

1 - Copy, Communications Division.

1 - Copy, Probationary Police Service Representative.

3 - TOTAL

FORMS AVAILABILITY: The Probationary Police Service Representative Evaluation Reports and the Probationary Police Service Representative Daily Report form will be available on the Department's Local Area Network System. Copies of these forms are attached for duplication and immediate use.

AMENDMENTS: This Order adds Sections 5/01.78.17, 5/01.78.18, and 5/01.78.19 to the Department Manual.

AUDIT RESPONSIBILITY: The Commanding Officer, Communications Division, shall monitor compliance with this directive in accordance with Department Manual Section 0/080.30.

A handwritten signature in black ink, appearing to read 'W. Bratton', is written over the printed name of William J. Bratton.

WILLIAM J. BRATTON
Chief of Police

Attachments

DISTRIBUTION "D"

PROBATIONARY POLICE SERVICE REPRESENTATIVE EVALUATION REPORT						CLASS NO.	
NAME (LAST, FIRST)		SERIAL NO.	TOTAL MINUTES OF		NUMBER OF DAYS ABSENT		REPORT NO.
WEEKS OF HANDS-ON TRAINING		RATING PERIOD TO		EXPLAINED/ DEMONSTRATED	REMEDATION	DATE APPOINTED	
						LAST DAY OF PROBATION	
TRAINING PHASE: RTO				WATCH ASSIGNMENT (CHECK ONE) DAY <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/>			
INSTRUCTIONS: Check the box that most accurately describes the employee's performance for each of the following rating factors. Complete all applicable sections. Scale: N - Not Applicable 0 - Not Observed 1 - Proficient 2 - Not Proficient							
I. BASIC OPERATOR SKILLS A. Phonetic Alphabet (2) <input type="checkbox"/> N <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 B. Geographic Areas (2) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. Bureaus (2) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. Unit Designations (2) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E. Military Time (2) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> F. Incident Numbers (2)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				IV. TECHNICAL SKILLS A. Computer Commands Routine (4) <input type="checkbox"/> N <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 Complex (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. Queue Management Slow/Moderate (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Busy (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. Screen Displays Routine (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. Centracom Radio Operation Routine (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E. Database Inquiries/Responses Routine (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> F. Console Equipment Operation and Systems Knowledge (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
II. POSITION CONTROL AND MANAGEMENT A. Voice Command and Control Slow/Moderate (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Busy (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. Prioritization Slow/Moderate (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Busy (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. Organization Slow/Moderate (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Busy (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. Comprehension Single, Clear Transmissions (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex Transmissions (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multiple/Overlapping Transmissions (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E. Speed Routine Tasks (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moderate Tasks (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex Tasks (16) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> F. Accuracy Routine Tasks (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex Tasks (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> G. Multi-Tasking Slow (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moderate (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Busy (16) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				V. PERFORMANCE IN URGENT FIELD SITUATIONS A. Centracom Radio Operation (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. Data Entry (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. Terminology (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. Voice Command/Control (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
III. PROCEDURAL SKILLS A. Terminology Routine (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. Radio Codes Routine (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. Incident Type Codes/ Common Detail Types (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. Application of Policies/Procedures Routine (4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				VI. PERFORMANCE IN EMERGENCIES A. Centracom Radio Operation (19)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. Data Entry (19)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. Terminology (19)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. Voice command/Control (18)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				VII. PROBLEM SOLVING A. Slow/Moderate (8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. Busy (12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				VIII. COMPLIANCE WITH INSTRUCTIONS A. Compliance with Workplace Rules <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. Compliance with Instructions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				IX. PROFESSIONAL CONDUCT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				X. ATTITUDE A. Acceptance of Feedback <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. Attitude Toward Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				XI. PUNCTUALITY/ATTENDANCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
OVERALL PERFORMANCE: <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> NOT OBSERVED I understand that my signature does not necessarily indicate agreement with this rating and that I have 30 days to submit in writing any concerns I have related to this report.							
Instructor		Date		Supervisor		Date	
Watch Commander		Date		Commanding Officer		Date	

PROBATIONARY POLICE SERVICE REPRESENTATIVE EVALUATION REPORT						CLASS NO.		
NAME (LAST, FIRST)		SERIAL NO.	TOTAL MINUTES OF		NUMBER OF DAYS ABSENT		REPORT NO.	
WEEKS OF HANDS-ON TRAINING		RATING PERIOD TO		EXPLAINED/ DEMONSTRATED	REMEDICATION	DATE APPOINTED	LAST DAY OF PROBATION	
TRAINING PHASE: EBO				WATCH ASSIGNMENT (CHECK ONE) DAY <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/>				
INSTRUCTIONS: Check the box that most accurately describes the employee's performance for each of the following rating factors. Complete all applicable sections. Scale: N - Not Applicable 0 - Not Observed 1 - Proficient 2 - Not Proficient								
				N 0 1 2				N 0 1 2
I. BASIC OPERATOR SKILLS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV. TECHNICAL SKILLS
II. POSITION CONTROL AND MANAGEMENT								
A. Voice Command and Control								A. Computer Commands (3)
Non-Emergency (5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Queue Management (1)
Emergency (8)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Screen Displays (3)
B. Prioritization (5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Centracom Radio Operation (3)
C. Organization (5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Database Inquiries/Responses (3)
D. Comprehension								F. Console Equipment Operation
Non-Emergency (5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	and Systems Knowledge (3)
Emergency (8)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Speed								V. PERFORMANCE IN URGENT FIELD SITUATIONS
Non-Emergency (5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Centracom Radio Operation (5)
Emergency (8)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Data Entry (5)
F. Accuracy (5)								C. Terminology (5)
G. Multi-Tasking								D. Voice Command/Control (5)
Non-Emergency (5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency (8)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VI. PERFORMANCE IN EMERGENCIES
III. PROCEDURAL SKILLS								A. Centracom Radio Operation (8)
A. Terminology								B. Data Entry (8)
Non-Emergency (5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Terminology (8)
Emergency (8)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Voice Command/Control (8)
B. Incident Type Codes/ Common Detail Types								VII. PROBLEM SOLVING
Non-Emergency (5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Non-Emergency (5)
Emergency (8)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Emergency (8)
C. Application of Policies/Procedures								VIII. COMPLIANCE WITH INSTRUCTIONS
Non-Emergency (4)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Compliance with Workplace Rules
Emergency (8)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Compliance with Instructions
D. Call Priorities/Codes								IX. PROFESSIONAL CONDUCT.....
Non-Emergency (5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency (8)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X. ATTITUDE
E. Interview Skills/Procedures								A. Acceptance of Feedback
Non-Emergency (5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Attitude Toward Work
Emergency (8)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								XI. PUNCTUALITY/ATTENDANCE
								OVERALL PERFORMANCE:
								<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> NOT OBSERVED
								I understand that my signature does not necessarily indicate agreement with this rating and that I have 30 days to submit in writing any concerns I have related to this report.
Instructor		Date		Supervisor		Date		Assistant Watch Commander
								Date
Watch Commander		Date		Commanding Officer		Date		Employee
								Date

PROBATIONARY POLICE SERVICE REPRESENTATIVE DAILY REPORT

Page _____ of _____

Date_____

Employee's Name/Serial No. _____

Position_____

Instructor_____

Minutes Explained or Demonstrated	Minutes of Remediation	Demonstrated Proficiency	Section	Describe Specific/Notable Events
		TOTAL MINUTES		

Employee Signature _____

Instructor Signature _____

Training Coordinator Signature_____

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01.78.19 (03/09)